									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECO								00065.01R					
Effective October 1, 2003									_/	10/	16	2, <i>34</i>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL TYPE	. EI	NTÍTY	OR	OTHER	
TOTAL CLAIMS			3/		•		1	RATE	E	FEE	1	RATE	FEE
FOR			NUMBER FILED .		NUMBER EXTRA			BASIC F	EE	385.00	OR	BASIC FEE	770:00
TOTAL CHARGEABLE CLAIMS			<i>3</i> / minus 20=		• //			X\$ 9= ·		. 99	OR	X\$18=	
INC	EPENDENT C	LAIMS	6 minus 3 =		3			X43=		129	OR	X86=	
MU	ILTIPLE DEPEN	NDENT CLAIM P	RESENT					+145=			OR	+290=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L	613	OR	TOTAL	
									1	<u> </u>	J	OTHER	THAN
2	1116	(Column 1)				(Column 3)	_	SMALL ENTITY			OR	SMALL	ENTITY
ENT A	, ,	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	· 99	Minus	* 3	/	-68	I	X\$ 9=	=	1900	OR	X\$18=	
	Independent	. 6	Minus	*** _	_	X43:					OR	X86=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	
								TOTA				TOTAL	
(Column 1) (Column 2) (Column 3)									EE			ADDIT. FEE	
_		CLAIMS		HIGH	ST		Г	· · · · · · · · · · · · · · · · · · ·		ADDI-			ADDI-
ENT 8	·	REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total	•	Minus	**		=	I	X\$ 9=			OR	X\$18=	
AME	Independent	*	Minus	***	CI 4114	-	ſ	X43=	Ī		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=			OR	+290=	
								TOTA			OR ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	ST IER USLY	PRESENT EXTRA		RATE	1	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=	ľ	X\$ 9=	1		OR	X\$18=	
	Independent	* ,	Minus	***		=	}	X43=	†		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=	+				·
• 14	If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	·
t	the "Highest Nu	mber Previously Pa	id For IN THI	S SPACE IS	less that	n 20, enter "20."	A	TOTA DDIT. FE		•	OR ,	TOTAL ODIT. FEE	
		mber Previously Paid ther Previously Paid					four	nd in the a	врр	ropriate box	in coli	umo 1.	